

**AUTHORISATION OF A VOLUNTEER (for insurance purposes)**

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**Volunteer Details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Volunteers may be insured under various JCU insurance policies whilst conducting JCU approved activities. Cover is limited. Refer to the insurance webpage for further information:

<https://www.jcu.edu.au/chancellery/legal-and-assurance/insurance/volunteers>

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

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**To be completed and signed for and on behalf of the University:**

Name of University Contact \_\_\_\_\_

Division / College \_\_\_\_\_

Period of Volunteering \_\_\_\_/\_\_\_\_/20\_\_ to \_\_\_\_/\_\_\_\_/20\_\_

Brief Description of Work to be Undertaken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved on behalf of the University:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date